

AMENDMENTS TO THE SPECIFICATION

It is acknowledged that the ABSTRACT was not objected to by the examiner.

Although the present application contained no paragraph numbers when initially submitted, for ease of description, reference is made to the paragraph numbers as listed in Published Patent Application No. US 2002/0022975 A1.

Please replace paragraph [0003] on page 1 of the publication specification, with the following amended paragraph:

The invention relates generally to the field of computerized medical information systems that operate over an electronic network. More specifically, the present invention relates to the field of patient-data-capture aimed at producing a complete and reproducible history at a specialist's level from which the physician works to improve the office visit.

Please replace paragraph [0078] on page 4 of the publication specification, with the following amended paragraph:

[0078] The network 50 can have a wide variety of configurations for connecting the client computers to the MI system server site; for example the MI system server site 10 may be connected to the Internet, the patient computer 20 may have a modem connection to the Internet, and the physician and front office computers 30 and 40 may be part of a local area network (LAN) that uses a router to connect its computers with the Internet. In another example, a single LAN connects the server, physician, and front office computers, and ~~the~~ patient computer 20 may connect into the LAN via a dial-up connection outside the provider's office; alternatively the patient can enter data on a dedicated terminal within the LAN. It should be apparent that a wide variety of configurations can be implemented. Other examples of users and communication links are shown in Fig. 6 and discussed with reference thereto.

Please replace paragraph [0086] on page 5 of the publication specification, with the following amended paragraph:

[0086] In one example, a subscribing physician's office is contacted by a patient who has a specific health complaint. After disclosing the patient's health condition to the physician's office, the The patient is given an appointment time for an office visit with the physician and, if the patient is new, instructions regarding how to log on to the MI system server and a security code for accessing the MI system. The subscribing physician's office then logs on to the MI system server, and enables the MI system for this patient; i.e., the office notifies the MI system site that this patient (who may be identified by user name) will be signing on for an interview from patient computer 20. Based upon the patient's health complaint, the physician's office may also select one or more conditions for which the patient should be interviewed by the MI system site (i.e. the physician's office enables certain medical conditions for the interview).

Please replace paragraph [0087] on page 5 of the publication specification, with the following amended paragraph:

[0087] Once the patient has logged on to the MI system server via patient computer 20, a second process 62 including a general interview of the patient is initiated. A new patient will be asked by the MI system site to provide information relating to the patient's personal and health status, such as demographics, health history, and body systems, as described with reference to Figs. 7A-C, 8A-E, and 9A-C, for example. A returning patient may be asked to verify the information currently on file. The information from the general interview is stored in the patient files.

Please replace paragraph [0088] on page 5 of the publication specification, with the following amended paragraph:

[0088] In one embodiment, depending upon the conditions enabled by the physician in response to the patient's health complaint, the MI system site then initiates one or more condition-specific interviews of the patient, as shown by a third process 63. In some embodiments, condition-specific interviews may be initiated for other reasons, such as information supplied by the patient during the interview. Particularly, a condition-specific interview may be initiated for a variety of reasons, such as a specific complaint by the patient for which treatment is sought, a patient's history, an answer to a general question, or an on-going health problem. An example of condition-specific interview for a patient with asthma is described with reference to Figs. 10A-10D. Depending upon the needs of the patient, two or more condition-specific interviews may be conducted; for example a patient seeking treatment for a back problem with a history of heart problems may be interviewed for both the back problem and the heart problem. If the patient is a returning patient, and the condition is an on-going problem, then the patient may be asked to verify the information currently on file and update it as necessary. The information provided by the patient from the condition-specific interview is stored in the patient files.

Please replace paragraph [0097] on page 6 of the publication specification, with the following amended paragraph:

[0097] The intake/interview process is shown at 115, which includes functions performed in the web-based interview of the patient by the MI system on behalf of the physician and physician's office. This interview can be conducted in a variety of ways, including using an electronic communication network such as the Internet, subject to the appropriate security constraints. For example, the patient logs on to the MI system site from patient computer 20 and then the interview is presented on the patient's browser through a series of selected web pages. In one implementation of this interview, the patient is presented with a number of web pages, each covering specific areas of information needed for the creation of the office medical chart. The patient fills out all these pages if it is the patient's first interaction with the MI system site. If the

patient is being interviewed for a follow-up visit, the patient may simply review most of the information to verify it is correct, and then provide additional information to update the patient's current condition and address any medical concerns that the patient may have. In one embodiment, the patient first contacts the physician's office and discloses the patient's health complaint. The physician's office then ~~which~~ provides the patient with access information so that the patient can access the MI system site from patient computer 20. The physician's office then logs onto the MI system site, enables the patient's patient to gain access to the MI site from patient computer 20, and ~~also~~ enables certain conditions for which the patient will be interviewed by the MI system site.

Please replace paragraph [0113] on page 7 of the publication specification, with the following amended paragraph:

[0113] A pre-visit summary text database is shown at 135. The pre-visit summary text database 135 is the collection of condition-specific responses given to the patient upon completion of the interview. This information is created and maintained by MI system content physicians. This information is conveyed to the patient using language that does not contain technical medical terminology or a complex discussion regarding potential diagnoses. This is educational material intended ~~for to be~~ used by patients, and typically does not offer any treatment advice. It may be accompanied by one explanation of its intent, which is to prepare a patient for a visit with a physician.

Please replace paragraph [0114] on page 7 of the publication specification, with the following amended paragraph:

[0114] At 140, a pre-visit key question database is shown. The pre-visit key question database is a collection of condition-specific questions from which certain questions are selected that are given to the patient in the pre-visit summary at the completion of the interview. These questions are designed to help guide the visit with the physician and address both general and

specific areas that the physician is likely to inquire about, based upon the patient's condition(s). These questions are phrased in a patient-friendly format so as to be easily comprehended by the patient, and do not contain technical medical terminology. In one implementation, these questions are constructed with the intent of focusing the office visit on the important issues about the management of the specific condition. The questions are selected for the particular patient during the process of generating the pre-visit summary 130. For a specific condition, these questions may vary in content or length of questions asked dependent upon age, gender and other input provided by the patient from the patient's file.

Please replace paragraph [0116] on page 7 of the publication specification, with the following amended paragraph:

[0116] This material is assembled from the physician-oriented condition-specific database 155 and the patient file ~~(120)~~ 120 and includes, for example: i) literature references, ii) work-up algorithms; iii) treatment guidelines, iv) suggested web links, and v) the pre-visit key questions supplied to the patient and the patient responses given thereto. The pre-visit key questions are supplied to the patient in language that does not contain technical medical terminology. However, before being transmitted to the physician, the MI system converts the patient's questions and responses into a format that is typical of the format a physician would receive such information. As an example, the MI system converts the patient-friendly questions and responses into a format containing technical medical terminology for the purpose of enabling the physician to efficiently diagnose and treat the patient. This material is made available for review by the physician via a suitable system such as the physician's browser that is connected to the MI system server, subject to the appropriate security constraints. The physician's browser is used to present the information on the specific condition for which the patient is being seen. The physician has the option of viewing the information in the browser in an outline format, in a prose format, or both, depending on the particular physician's preference. The physician also has the ability to look directly at the patient's answers in the format typed in by the patient. During

the examination process, the physician may select another condition as the diagnosis becomes apparent and then the information on this new condition can be shown. At the physician's option, the physician may utilize resources on the MI system site, and independently search for any material in the system, on any condition.

Please replace paragraph [0182] on page 12 of the publication specification, with the following amended paragraph:

[0182] A branching approach may be utilized in which a positive response to one question indicates another question. This approach allows a more pro-active role to be played by the patient, by tailoring either the amount of questions or content of the interview questions based upon the patient's response to specified questions. As an example, in response to an answer that indicates a potential hip condition by a female over the age of 50, the interview may contain more questions relevant to the issue of osteoarthritis and less questions relating to the issue of tendon damage. As an additional example, in response to an answer that indicates a patient is left-handed, the subsequent interview questions that relate to hand injuries will involve specific queries relating to the left hand. Using By using this process to gather information, the physician's office can obtain a more detailed and condition-specific history (history of present illness) can be obtained of the patient in a quicker and more efficient manner than normally achieved by traditional patient interview methods. Furthermore for a specific condition, the interview may vary based upon factors such as age and gender.

Please replace paragraph [0184] on page 12 of the publication specification, with the following amended paragraph:

[0184] Typically, a condition-specific interview of the patient follows these general categories of questions based upon the identified condition: 1) onset, duration and frequency, 2) symptoms (presence or absence of certain likely or co-existing symptoms), 3) associated conditions, 4) previous diagnostic procedures the patient may have had for this or related